

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24170

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 6273

St. Ward)

3418

2. FULL NAME

(a) Residence, No. 1925 W. Whitnelf
(Usual place of abode)

St. Whitnelf Ward. 24

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 16 - 1884

7. AGE

YEARS 47

MONTHS 10

DAYS 20

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Government
Fred G. Boer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis
Mo.

13. NAME

Jos. Van Dyke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis
Mo.

15. MAIDEN NAME

Linnee Egan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Allegheny City
Pa.

17. INFORMANT (ADDRESS)

Hospital
City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walter Paul DATE July 32

19. UNDERTAKER (ADDRESS)

Wacker-Heldelbe
2381

20. FILED JUL - 7 1932

W. C. Johnson
Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 6th, 1932

22. I HEREBY CERTIFY, That I attended deceased from

May 28th, 1932, to July 6, 1932

I last saw him alive on July 6, 1932 Death is said to have occurred on the date stated above, at 7:45 AM

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Coronary Sclerosis
Chr. Cholecystitis
Cholelithiasis
Gall bladder removed for above
Operation Date of 6-17-32
Was there an autopsy? no

23. If death was due to external causes (violent), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerome Simon, M. D.

(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

U. S. ...

Vertical line of text or markings

Horizontal line of text or markings

Small mark or signature

Small mark or signature

Small mark or signature